

Gauging Progress toward a Healthier IU: Focus on IU Northwest

A Comparison of the IU Workplace Health and Wellness Survey Results from 2013 to 2019



1 INTRODUCTION

In 2013, Indiana University implemented the first university-wide survey of employee health and wellness. In support of building a culture of health and wellness across all campus locations, the IU Workplace Health & Wellness Survey has encouraged broad participation, inviting every full-time employee to participate. Survey results have been shared widely with employee groups, and have guided *Healthy IU* and wellness champions across the university in taking action toward organizational policies and programs that foster a healthier IU.

The survey has been repeated twice now – in both 2015 and 2019 - since the inaugural survey of 2013. In this report, we present the 2019 results alongside those of prior years to assess our progress toward a healthier IU during this six-year span.

2 METHODS

2.1 SURVEY IMPLEMENTATION

Core question content remained intact across all survey years, enabling valid year-to-year comparisons. Some questions were removed due to limited usefulness and a desire to shorten completion time. Other questions were added or modified to improve the survey's value in organizational planning. In 2019, new items were added in these topic areas: 1) stress; 2) social connection and isolation; 3) employee participation with Healthy IU programs; 4) management of chronic illnesses; 5) barriers to the flu shot; 6) frequency of alcohol intake; and 7) employees' greatest strength and challenge to wellness. The survey was fielded via email to a roster of the university's full-time employees between 3/1-4/5/19 using Qualtrics®. E-mail addresses were used solely within Qualtrics® to deliver invitations and reminders; no personal identifiers were collected in the survey data itself.

2.2 APPROACH TO COMPARATIVE ANALYSIS

Quantitative data were analyzed using IBM SPSS Statistics 26 (IBM Corp., 2019). Campus-level survey results were weighted to the 2013 employee population using two weighting variables: sex (female or male), and job type (faculty or staff). These variables were selected for weighting in 2013 to compensate for differences between the demographic makeup of survey participants and the employee population, yielding results that are more representative of the employee population on the whole. The 2015 and 2019 survey data presented in this report were also weighted to the 2013 population to improve validity of year-to-year comparisons.

In the tables that follow, we compare results from 2019 to 2013 so that the change reflects a six-year span. In some cases, results from 2013 are not available because the question was not included in the initial year. In those instances, the comparison shown is between 2015 and 2019. Please note in the tables that follow, "NA" identifies questions that were Not Asked or Not Asked in a comparable way in all years.

For each question being compared, we calculated and considered two measures of change, described and explained in the table below: 1) absolute change, and 2) relative change. Further, we considered both the statistical and practical significance of these changes. Chi-square testing was conducted to assess whether the absolute difference between the 2019 and 2013 results was *statistically significant*. However, given the large number of respondents to the survey (5,100), differences may be statistically significant though not practically meaningful. Therefore, we also set a benchmark for practical significance at $\geq 10\%$ relative change, either better or worse.

Table 1. Examples Demonstrating Approach to Year-to-Year Comparison

	Absolute Change	Relative Change
Meaning	The simple difference between the two rates being compared	Expresses the change <i>relative</i> to the starting point; <i>allows us to compare the degree of change across factors that vary widely in prevalence</i>
Calculation	= 2019 Rate – 2013 Rate	= $\frac{(2019 \text{ Rate} - 2013 \text{ Rate})}{2013 \text{ Rate}}$
Example 1: Employees told they have pre-diabetes or borderline diabetes	= 9.8% - 5.6% = +4.2% A small absolute change but... 	= $\frac{(9.8\% - 5.6\%)}{5.6\%} = \frac{4.2\%}{5.6\%} \times 100 = \mathbf{+75.0\%}$ A large relative change
Example 2: Employees who had a seasonal flu shot during the past 12 months	= 69.2% - 60.3% = +8.9% A larger absolute change than in example 1 but... 	= $\frac{(69.2\% - 60.3\%)}{60.3\%} = \frac{8.9\%}{60.3\%} \times 100 = \mathbf{+14.8\%}$ A much smaller relative change
Significance of Differences	Statistical significance evaluated at $\alpha=.05$ using Chi-square testing	Practical significance if $\geq \pm 10\%$ relative change

3 PARTICIPATION

A total of 5,100 of IU's 19,000+ full-time employees who received the invitation (26.6%) participated in the 2019 IU Workplace Health & Wellness Survey, with campus participation rates ranging from a low of 24.9% to a high of 34.9%. One hundred eighteen (118) IUN employees participated for a campus participation rate of 31.4%, exceeding the IU-wide rate.

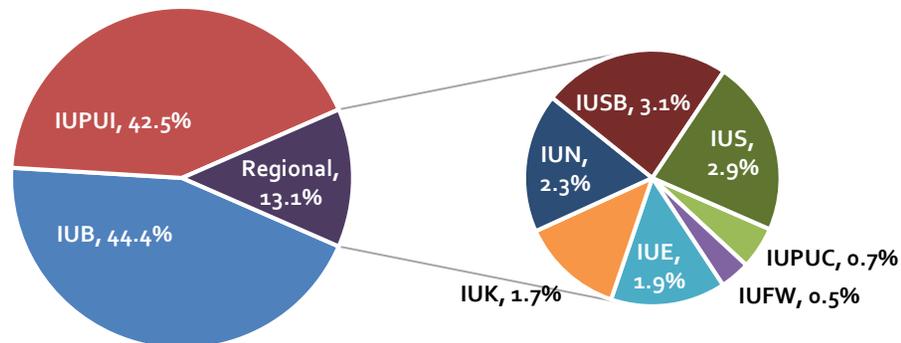
Table 2. 2019 Participation Rates by IU Location

IU Campus Location	2019 Survey Participants	Participation Rate (% of FTEs)
IU Bloomington	2265	24.9%
IUPUI, Indianapolis*	2231	27.2%
IUE, Richmond	95	34.9%
IUK, Kokomo	86	29.5%
IUN, Gary	118	31.4%
IU South Bend	156	30.1%
IUS, New Albany	149	34.3%
All IU Locations Combined:	5100	26.6%

*Administratively, IUPUC-Columbus and IUFW-Fort Wayne are included with IUPUI for total employee counts.

While the proportion of full-time employees who participated was similar across all locations, 86.9% of participants were affiliated with IUB or IUPUI due to the size of these campuses. Figure 1 demonstrates the proportion of total survey responses affiliated with each campus location.

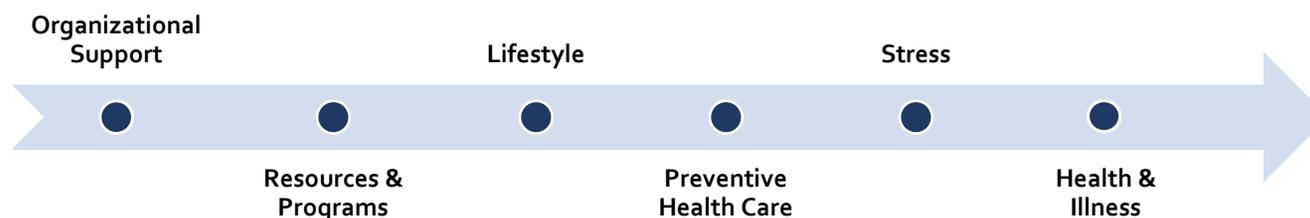
Figure 1. Proportion of 2019 Survey Participants by IU Location



4 COMPARATIVE RESULTS

The survey’s main content areas are shown below along a continuum of change (Figure 2). Moving from left to right along the continuum, the difficulty and time required for change increases. Areas further to the left represent the greatest potential for rapid change when organizational interventions are implemented; right-most areas are anticipated to take far longer to reflect change. We will consider the changes observed between 2013 and 2019 in the context of this continuum, proceeding through the six content areas from left to right along the continuum of change.

Figure 2. Survey Content Areas along Continuum of Change



In comparing the survey measures comprehensively, we color-coded our interpretations based on the combination of statistical and practical significance. The color-coding is intended to provide a quick visual impression of the strength and degree of change observed in each content area. We compare results from 2013 to 2019 so that the change over the six-year span is shown. In some cases, results from 2013 are not available because the question was not included in the initial year. In those instances the comparison shown is between 2015 and 2019 (a four-year span).

Change Code Legend	
	Improvement is statistically <i>and</i> practically significant
	Worsening is statistically <i>and</i> practically significant
	Change lacks statistical <i>and/or</i> practical significance

In the following tables, the question number (e.g. Q10) is shown as a cross-reference to a separate document providing full results for each question in the order of the survey (“2019 Results in Survey Form”). This document will be available online through Healthy IU for each campus as well as IU Overall at <https://healthy.iu.edu/campus-programs-services/university/workplace-wellness-survey.html>.

4.1 ORGANIZATIONAL SUPPORT

Question #	Survey Items Regarding Organizational Support	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code ³
Q10	Overall, how supportive is IU of your personal health? (Percent rating 7-10 on scale of 1-10)	54.9%	71.7%	75.7%	20.8%	37.9%	<.001*	
Q9	Overall, how safe do you think your workplace is? (Percent rating 7-10 on scale of 1-10)	78.2%	71.2%	84.6%	6.4%	8.2%	.009*	
Q12	All in all, how satisfied would you say you are with your job? (Percent satisfied/very satisfied)	88.0%	85.1%	84.7%	-3.3%	-3.8%	.143	
Q11	Employees who Agree or Strongly Agree...							
a	The people you work with take a personal interest in you.		66.3%	75.7%	9.4%	14.2%	<.001*	
b	In your workplace, your co-workers support your efforts to be healthy.	56.5%	59.3%	62.7%	6.2%	11.0%	.046*	
c	Your supervisor is concerned about the welfare of those under him or her.		64.3%	63.6%	-0.7%	-1.1%	.798	
d	In your workplace, management considers workplace health and safety to be important.	52.7%	63.0%	54.1%	1.4%	2.7%	.643	
e	IU has provided you with the opportunity to be physically active .	42.3%	61.0%	64.1%	21.8%	51.5%	<.001*	
f	IU has provided you with the opportunity to eat a healthy diet .	30.9%	40.5%	30.3%	-0.6%	-1.9%	.826	
g	IU has provided you with the opportunity to live tobacco free .	84.9%	80.2%	83.6%	-1.3%	-1.5%	.593	
h	IU has provided you with the opportunity to manage your stress .	26.5%	36.0%	41.9%	15.4%	58.1%	<.001*	
i	IU has provided you with the opportunity to work safely .	59.9%	65.2%	70.0%	10.1%	16.9%	.001*	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant



Key Findings ~ Organizational Support

At IUN, the content area of Organizational Support showed statistically and practically significant improvements in 6 of the 12 measures (green) between 2013 and 2019. Remaining measures were stable. Perceptions of University support for health improved substantially, from 54.9% in 2013 to 75.7% in 2019. The greatest relative improvements were seen in the percentage of employees who say that IU has provided them with the opportunity to manage their stress (58.1% relative increase from 2013) and be physically active (51.5% relative increase from 2013). Levels of stress reported by IU employees on the whole in the initial 2013 survey were a top concern, and substantial efforts were subsequently focused on addressing stress. Significant improvements in personal interest and co-worker support for health (Q11 a and b) were seen at IUN, though not IU-wide.

Engagement with Healthy IU

In the 2019 survey, we asked participants for the first time about their engagement with program(s) offered through *Healthy IU*. As the university's employee wellness department, this is a main avenue through which organizational support for employee wellness is conveyed. While we do not have these data for prior years to compare, it is useful in assessing the reach of *Healthy IU* over the past two years.

We asked two questions. One indicates the degree of engagement Healthy IU is having with full-time employees: *Over the past two years (or since you were hired if less than two years), in which of the following Healthy IU programs have you participated? (Mark all that apply.)* The second question attempts to capture the potential "ripple effect" of Healthy IU programs from employees who directly participated in programs to others within their sphere of influence. We asked: *"Did you share any information or skills you learned in the Healthy IU program(s) with any others in your life? For example, did you involve your co-worker in climbing stairs, choose healthier foods when shopping for your family, or pass on a deep-breathing tip to a friend under stress? (Mark all that apply.)"*

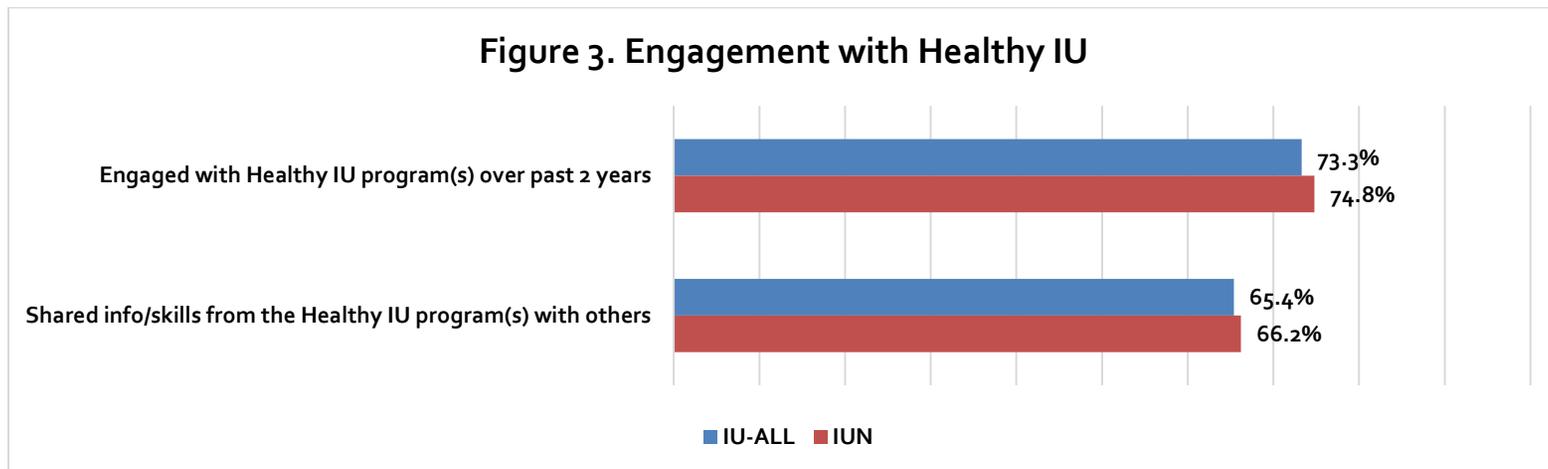


Figure 4. In what type of program(s) did you participate? (IUN)

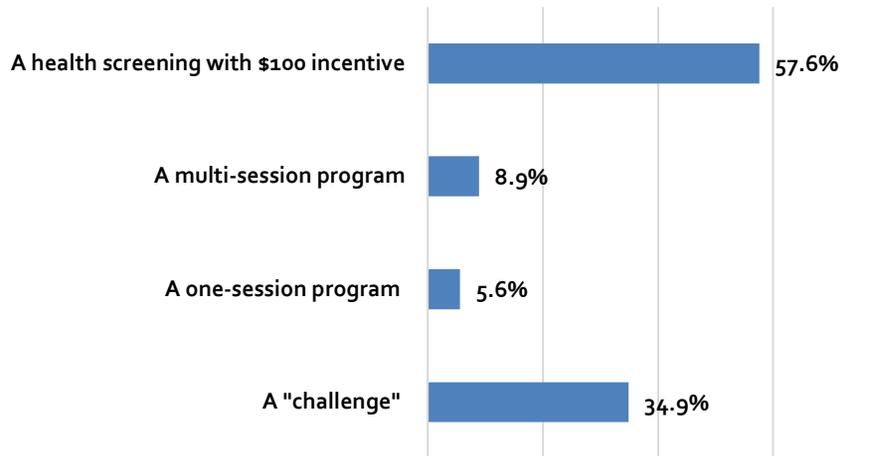
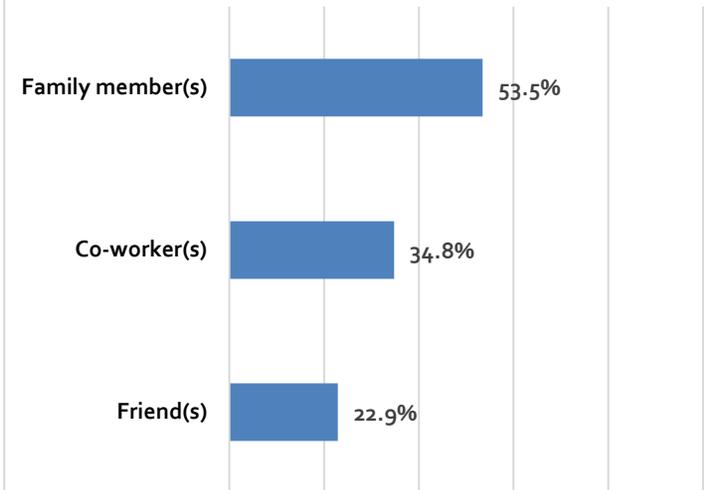


Figure 5. With whom did you share the info/skills?



Key Findings ~ Engagement with Healthy IU

Nearly three out of four IUN employees said they had participated in at least one Healthy IU program in the past two years (Figure 3), a level of engagement on par with IU employees on the whole. Among those who said they had participated in a Healthy IU program, the percentage in various types of programs is shown in Figure 4. Over half of IUN respondents said they had completed the incentivized health screening in the past 2 years, and about one-third said they participated in a "challenge." Participation in single and multi-session programs was lower. Nearly two-thirds of IUN employees who participated in Healthy IU program(s) report sharing that information or skill with others in their life, a rate that is similar to the IU-wide rate. Those who shared the info/skills most commonly report sharing with family, followed by coworkers, and then friends.

Both the broad improvements in measures of organizational support at IUN and the 2019 information about the reach of Healthy IU into the lives and social networks of these employees demonstrate strong and steady progress toward an organizational culture of health encompassing the IUN campus.

4.2 RESOURCES & PROGRAMS

Question #	Q13: Are the following PROGRAMS OR RESOURCES currently available at your workplace? (Percent who said yes)	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q13	Resources to support healthy eating and nutrition							
a	Healthy food options in vending machines	18.3%	28.6%	20.5%	2.2%	12.0%	.397	
b	Healthy food options (like fresh fruits and vegetables, available) to purchase in the cafeteria or other food service [2019 wording change inside parentheses]	65.7%	75.5%	43.7%	-22.0%	-33.5%	<.001*	
c	1-on-1 nutritional counseling		79.3%	36.7%	-42.6%	-53.7%	<.001*	
d	Healthy weight/weight loss programs	35.7%	51.0%	37.2%	1.5%	4.2%	.635	
e	Access to clean drinkable water		94.7%	85.5%	-9.2%	-9.7%	<.001*	
	Resources to support physical activity							
f	A convenient place to work out or exercise (2015, 2019) - A place to work out or exercise such as an onsite exercise room (2013)	72.5%	74.6%	69.2%	-3.3%	-4.6%	.259	
g	A place to bike or walk	69.9%	80.7%	84.4%	14.5%	20.7%	<.001*	
h	Signs that encourage stair use	14.3%	17.8%	25.3%	11.0%	76.9%	<.001*	
i	Markers that identify walking trails		18.1%	26.1%	8.0%	44.2%	<.001*	
j	Easy to access maps of walking trails		20.9%	17.5%	-3.4%	-16.3%	.142	
	Other resources to support health & wellbeing							
k	Flu shots at work	95.2%	96.3%	84.6%	-10.6%	-11.1%	<.001*	
l	Programs to help people stop smoking (of current smokers)	79.2%	89.3%	62.5%	-16.7%	-21.1%	.204	
m	A true smoke-free workplace	92.3%	71.6%	78.9%	-13.4%	-14.5%	<.001*	
n	Blood pressure monitoring device available for self assessment	51.1%	68.3%	59.2%	8.1%	15.9%	.011*	
o	Stress management or stress reduction classes/programs	9.2%	47.1%	45.8%	36.6%	397.8%	<.001*	
p	Employee Assistance Program (access to professional counseling)	67.7%	78.6%	65.7%	-2.0%	-3.0%	.504	

-continued-

Question #	Q13: Are the following PROGRAMS OR RESOURCES currently available at your workplace? (Percent who said yes)	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	<i>p-value</i>	Change Code
q	Ergonomics (work station or computer setup, proper lifting, etc.)	25.7%	24.8%	46.5%	20.8%	80.9%	<.001*	
r	A private area/lactation room for moms who are breastfeeding (of women aged 18-44)	18.1%	42.1%	55.5%	37.4%	206.6%	<.001*	
s	A designated person who communicates health and wellness information to your work group		23.6%	26.6%	3.0%	12.7%	.157	

¹In cases where 2013 results were "NA" (not asked), the comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant

Key Findings ~ Resources & Programs

Improving employee awareness and access to health-supporting Resources & Programs in IU workplaces was identified in 2013 as an opportunity for rapid change and organizational action. Broad action was taken in this area. Improvement at IUN is evidenced with interim changes that are both statistically and practically significant in 7 of the 19 measures (green). In fact, the proportion of IUN employees with access to some resources and programs more than doubled between 2013 and 2019; these included stress management programs and private lactation areas. Four measures, however, significantly worsened: access to healthy food options, 1-on-1 nutrition counseling, flu shots at work, and a true smoke-free workplace. The significant worsening observed at IUN for three of these four measures (all except "a true smoke-free workplace") was not observed for IU on the whole.

4.3 LIFESTYLE INFLUENCES ON HEALTH

Question #	Survey Items Regarding Lifestyle	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q26	Getting enough restful sleep to function well in job and personal life - always/most of the time	63.6%	61.7%	63.3%	-0.3%	-0.5%	.937	
Q59 & 60	Body Mass Index (BMI) falls within normal range (18.5-24.9)	31.5%	33.4%	25.4%	-6.1%	-19.4%	.050*	
Q27	Does not smoke cigarettes	93.3%	90.4%	95.6%	2.3%	2.5%	.119	
Q28	Current smokers who stopped smoking for one day or longer because they were trying to quit	63.0%	41.8%	23.0%	-38.0%	-60.3%	.007*	
Q30	Employees who participated in some physical activities or exercises...during the past month	73.6%	85.2%	75.5%	1.9%	2.6%	.513	
Q31 & 32	Employees meeting the aerobic physical activity guidelines	57.1%	69.3%	51.5%	-5.6%	-9.8%	.095	
Q35	(Of those who mostly sit on the job) Employees who are able to get up and move around 8 or more times during a usual 8-hour work day	53.5%	48.0%	45.0%	-8.5%	-15.9%	.021*	
Q23a	How often do you get the social and emotional support you need? (Always/usually)	60.5%	48.5%	60.3%	-0.2%	-0.3%	.945	
Q23b	How often do you feel you lack companionship (Always/usually)	NA	NA	18.1%	-	-	-	-
Q23c	How often do you feel isolated from others (Always/usually)	NA	NA	13.6%	-	-	-	-
Q23d	How often do you feel left out? (Always/usually)	NA	NA	10.2%	-	-	-	-
Q29	Employees who reported drinking alcohol on one or more of the past 30 days	NA	NA	64.3%	-	-	-	-

¹In cases where 2013 results were "NA" (not asked), the comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page; *Statistically significant; †Insufficient number of smoking respondents for analysis

Key Findings ~ Lifestyle Influences

The content area of Lifestyle Influences on Health moves us toward the middle of the continuum of change. No significant improvements were found among the 8 measures that could be compared with prior years' results. Three measures significantly worsened: 1) the percentage of employees with BMI in the normal range, 2) the percentage of current smokers who stopped smoking for one day or more in an attempt to quit, 2) the percentage of

sedentary employees who are able to get up and move around at least 8 times per work day. In 2019, four items were added to the survey. Three of the new items are indicators of social isolation, a growing health threat in the U.S. These three new questions indicate that between 10-20% of IUN employees are socially isolated. We also added a question about frequency of alcohol intake (number of days in past 30 in which the employee drank alcohol), and found that two-thirds of employees drank alcohol at least one day in the past 30.

4.4 PREVENTIVE HEALTH CARE

Question #	Survey Items Regarding Preventive Health Care	Survey Results			Comparison of 2019 to 2013			
		2013	2015	2019	Absolute Change	Relative Change	<i>p-value</i>	Change Code
Q36	Employees who visited a doctor for a routine checkup within the past 2 years	85.4%	92.2%	87.8%	2.4%	2.8%	.296	
Q37	Employees who had blood pressure checked by a health professional within the past year	85.9%	90.0%	88.1%	2.2%	2.6%	.316	
Q38	Employees who last had a cholesterol test less than 5 years ago	91.5%	93.1%	96.2%	4.7%	5.1%	.003*	
Q39	Employees who had a lab test for high blood sugar or diabetes within the past 3 years	79.8%	78.6%	74.9%	-4.9%	-6.1%	.081	
Q40	Employees who had a seasonal flu vaccine during the past 12 months	58.8%	55.0%	61.5%	2.7%	4.6%	.399	

³See Change Code legend on page 5; *Statistically significant

Key Findings ~ Preventive Health Care

Most of the preventive health care measures remained stable across time. Given the excellent baseline rates reported by IU employees for routine checkups, blood pressure checks, and cholesterol testing, there is little room for improvement in these. However, significant improvements in flu vaccination rates observed IU-wide were not seen at IUN. The top three reasons IUN employees cited for not getting the flu shot were: 1) thinking the shot/spray has made them sick in the past (20.5%); 2) thinking it would not work very well to protect them from the flu (17.6%), and 3) not feeling comfortable with the vaccine ingredients (17.6%). (See Question 41 of the “Results in Survey Form” document for full results.)

4.5 STRESS

Question #	Survey Items Regarding Stress	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q22	Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep at night because his/her mind is troubled. Within the last 30 days, how often have you felt this kind of stress? (Most of the time/all of the time)	NA	NA	15.9%	-	-	-	-
Q25	Employees who said stress (from all sources at work or at home) had a <i>lot</i> or <i>some</i> impact on their health in the past year	72.6%	69.4%	67.3%	-5.3%	-7.3%	.081	
Q24	Thinking about sources of stress between work and home...							
a	How often do you find your work stressful? (Always/often)	42.6%	48.5%	30.0%	-12.6%	-29.6%	<.001*	
b	How often do things going on at <u>work</u> make you tense or irritable at home? (Always/often)		31.3%	24.7%	-6.6%	-21.1%	.014*	
c	How often do things going on at <u>home</u> make you tense or irritable at work? (Always/often)		10.8%	3.8%	-7.0%	-64.8%	<.001*	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant

Key Findings

Findings around stress and mental health from the 2013 baseline survey were concerning, with 7 of 10 IU employees saying stress had affected their health in the past year. Plans and programs were put in place to address employee stress. In the interim, three of the four measures of stress have significantly improved for IUN employees, including a reduction in the percentage of employees who said that they always/often find work stressful. In 2015, we added two additional measures to help us better understand the interplay of stress between home and work. Based on these results, work stress affects employees at home more often than home stress affects employees at work. However, both of these measures improved. These are good signs of progress, yet stress remains a prevalent concern with 15.9% of IUN employees feeling stress *most* or *all of the time* in the 30 days prior to the survey. We note the concurrent increase in the percentage of employees saying that IU has provided them the opportunity to manage their stress (page 5).

4.6 HEALTH & ILLNESS

Question #	Survey Items Regarding Health and Illness	Survey Results			Comparison of 2019 to 2013 ¹			
		2013	2015	2019	Absolute Change	Relative Change	p-value	Change Code
Q18	Employees rating their health as fair or poor	14.6%	21.5%	8.2%	-6.4%	-43.8%	.002*	
Q19	Employees with one or more days of poor physical health in past 30	40.4%	32.6%	44.0%	3.6%	8.9%	.284	
Q20	Employees with one or more days of poor mental health in past 30	38.4%	38.2%	51.0%	12.6%	32.8%	<.001*	
Q21	Employees with one or more days in past 30 when poor physical/mental health interfered with usual activities	24.6%	26.2%	32.9%	8.3%	33.7%	.006*	
	<i>[Employees responding yes - Have you EVER been told by a doctor, nurse, or other health professional that you have...]</i>							
Q42	High blood pressure	33.6%	31.6%	20.9%	-12.7%	-37.8%	<.001*	
Q42	Borderline high or pre-hypertensive	11.8%	5.8%	12.4%	0.6%	5.1%	.767	
Q44	High blood cholesterol	44.5%	43.5%	42.3%	-2.2%	-4.9%	.121	
Q46	Diabetes	9.1%	13.1%	11.8%	2.7%	29.7%	.186	
Q46	Pre-diabetes or borderline diabetes	5.6%	13.6%	14.5%	8.9%	158.9%	<.001*	
Q50	Asthma - ever	15.5%	13.2%	22.3%	6.8%	43.9%	.010*	
Q51	Asthma – current asthma among those ever diagnosed		93.8%	77.7%	-16.1%	-17.2%	.005*	
Q53	Arthritis	41.9%	43.0%	34.8%	-7.1%	-16.9%	.029*	
Q58	Depressive disorder	16.4%	25.0%	19.5%	3.1%	18.9%	.230	
Q48	Heart disease	6.0%	5.0%	0.7%	-5.3%	-88.3%	<.001*	
Q57	Carpal tunnel syndrome	8.0%	11.7%	15.6%	7.6%	95.0%	.001*	
	<i>[Employees who self-identified having ...]</i>							
Q55	Chronic or recurrent low back pain	20.2%	36.1%	33.1%	12.9%	63.9%	<.001*	
Q59-60	Obesity (calculated BMI ≥30.0)	41.7%	42.4%	43.0%	1.3%	3.1%	.708	
Q59-60	Overweight (calculated BMI 25.0-29.9)	27.0%	23.4%	31.7%	4.7%	17.4%	.136	
Q16	Health problems they think may be due to physical surroundings at workplace		23.8%	25.4%	1.6%	6.7%	.562	

¹In cases where 2013 results were "NA" (not asked), the Comparison is made between 2019 and 2015; ²NA=not asked/not comparably asked in given year

³See Change Code legend on page 5; *Statistically significant



Key Findings ~ Health & Illness

The final content area, to the far right of the continuum of change, describes the Health & Illness measures of IU employees. In this content area, the interpretation of color-coded changes is less straightforward than in previous sections. Some of the measures coded red for significant increases may be, in fact, positive signs of pro-active screening and management as much as they are warning signs. For example, an increase in conditions such as pre-hypertension and pre-diabetes may mean that employees are made aware of their risk at an earlier point where progression to disease can be prevented or slowed. *Furthermore, the regional campuses, such as IUN, have a much smaller number of employees/participants, which can yield unstable rates for conditions affecting a relatively small percentage of the whole population, such as heart disease and diabetes. Likewise, it is more difficult to detect significant changes with fewer participants.*

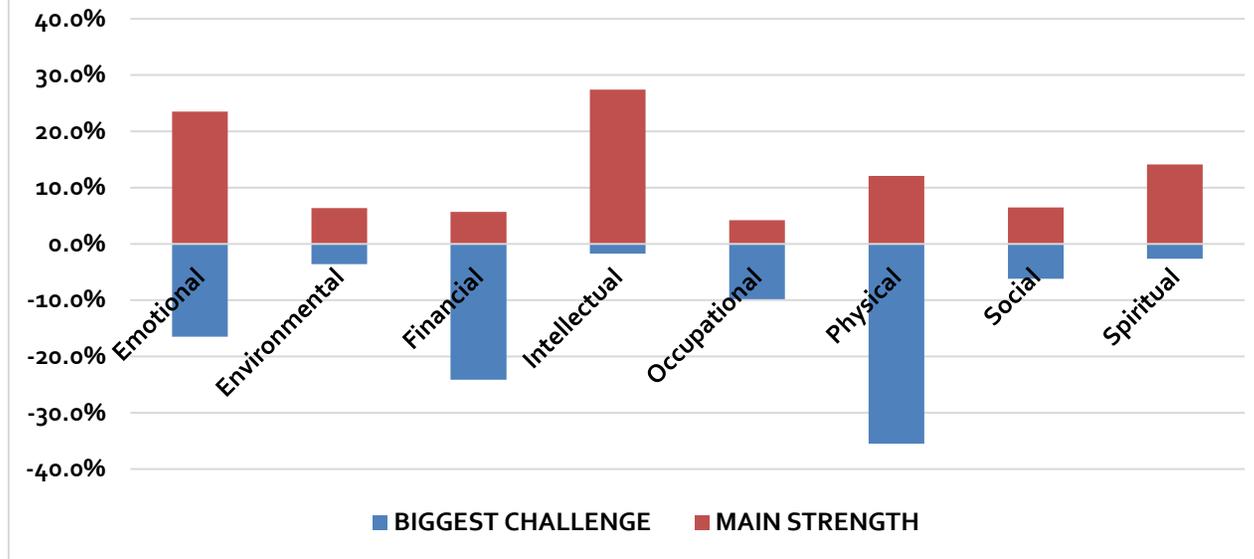
For IU on the whole, no statistically and practically significant reductions in health measures were found between 2013 and 2019. However, at IUN, four measures significantly improved in the six-year span, including the percentage of employees rating their health as fair/poor as well as the prevalence of hypertension, current asthma, and heart disease. Seven measures increased significantly at IUN, including the lifetime prevalence of chronic/recurrent low back pain, carpal tunnel syndrome, arthritis, asthma, and pre-diabetes. The largest relative change was in the percentage ever diagnosed with pre-diabetes, more than doubling in the six-year span from 5.6% to 14.5%. Two of the four self-reported global measures of physical and mental health (Q20-Q21) also worsened significantly. Several health measures (8) did not meet our dual criteria for change, and are thus considered stable.

Employee Perspectives on Their Wellness Strengths and Challenges

The final two questions of the 2019 survey were newly added, providing some insight into what IU employees consider their main areas of strength and challenge to wellness today. After some introductory framing to describe wellness as encompassing many areas of our lives, employees were asked to select which of 8 dimensions of wellness they considered their “*biggest challenge to wellness today – the area where (they) are farthest from where (they) want to be,*” and their “*main strength in wellness today – the area where (they) are closest to where (they) would like to be.*” Figure 7 demonstrates results based on the responses of IUN employees. In the figure, the proportion who identified a dimension as their biggest challenge is charted as a negative value, while the proportion who identified that domain as their main strength is charted as a positive value.

IUN employees were more likely to identify the Intellectual dimension as their main strength than any other (27.4%), while the Emotional dimension was the next most commonly cited area of strength (23.5%). IUN employees most commonly identified the Physical (35.5%) and Financial (24.1%) dimensions as their biggest challenge to wellness.

Main Strength and Biggest Challenge in Wellness per IUN Employees

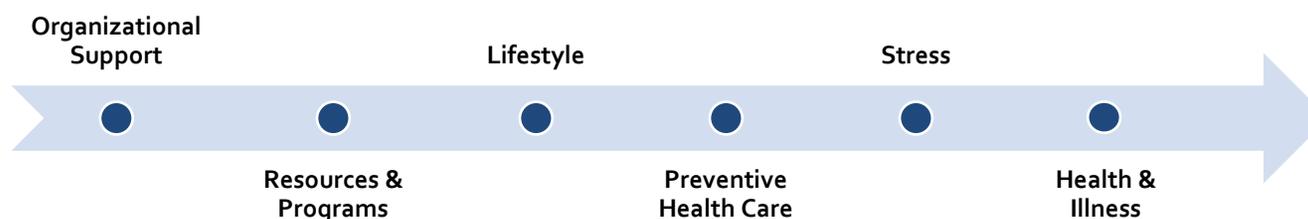


5 SUMMARY

The 2019 IU Workplace Health & Wellness survey results provide an opportunity to gauge progress toward a healthier IU, informed by thousands of IU employees who participated in each of the three surveys of 2013, 2015, and 2019. In 2019, 118 IUN employees participated, for a campus participation rate of 31.4%.

We caution that regional campuses have a much smaller number of employees/participants, which can yield unstable rates for conditions affecting a relatively small percentage of the whole population, such as heart disease and diabetes. Likewise, it is more difficult to detect significant changes with fewer participants. We summarize our findings by topic along the continuum of change (Figure 2).

Figure 2. Survey Content Areas along Continuum of Change (reprinted)



- Several measures of **Organizational Support** improved among IUN employees in the six-year span, including an increase in the proportion of employees who say that IU is supportive of their personal health. The greatest relative improvements were seen in the percentage of employees who say that IU has provided them with the opportunity to manage their stress and be physically active. Significant improvements in personal interest and co-worker support for health were seen at IUN, though not IU-wide. No measures worsened. For the first time in 2019, we asked about employees' participation with *Healthy IU* programs and the extended impact ("ripple effect") when employees share program information or skills with others. Nearly three out of four IUN employees said they had participated in at least one Healthy IU program in the past two years, for a level of engagement that was on par with IU employees on the whole. About two-thirds of program participants shared information or skill with others in their life. These findings demonstrate strong and steady progress toward an organizational culture of health encompassing the IUN campus.
- Improving employee awareness and access to health-supporting **Resources & Programs** in IU workplaces was identified in 2013 as an opportunity for rapid change and organizational action. Broad action was taken in this area. Progress is evidenced with significant improvements in 7 of the 19 measures. In fact, the proportion of IUN employees with access to some resources and programs more than doubled between 2013

and 2019; these included stress management programs and private lactation areas. Four measures, however, significantly worsened: access to healthy food options, 1-on-1 nutrition counseling, flu shots at work, and a true smoke-free workplace. The significant worsening observed at IUN for three of these four measures (all except “a true smoke-free workplace”) was not observed for IU on the whole.

- No significant improvements were found among the 8 measures of **Lifestyle Influences on Health** that could be compared with prior results, and three measures worsened significantly (employees with BMI in normal range, current smokers who stopped smoking for at least one day in a quit attempt, and ability of sedentary workers to get up and move around during their work day). These findings warrant a closer look as plans are made for the future. Based on new questions in 2019, 10-20% of IUN employees are socially isolated, a growing health threat in the U.S. that is further reflected in the persistent 40% of IUN employees getting inadequate social and emotional support.
- Across the survey years, IU employees on the whole have maintained excellent rates of **Preventive Health Care**. At IUN, preventive health care measures remained stable across time. Seasonal flu vaccination rates did not significantly improve as they did for IU on the whole. In 2019, we learned about employee’s main reasons for not getting the flu shot; this may inform efforts to further increase vaccination rates.
- Clear improvements were observed in the area of **Stress**. Three of the four measures significantly improved, with the fourth approaching significance. The proportion of IUN employees who say that IU has provided them with the opportunity to manage their stress likewise improved. The influence of stress on employees’ health was one of the most concerning findings in the 2013 baseline survey. Concerted efforts made to address employee stress appear to have been beneficial.
- For IU on the whole, no statistically and practically significant reductions in **Health & Illness** measures were found between 2013 and 2019. However, at IUN, four measures significantly improved in the six-year span, including the percentage of employees rating their health as fair/poor as well as the prevalence of hypertension, current asthma, and heart disease. Seven measures increased significantly at IUN, including the lifetime prevalence of chronic/recurrent low back pain, carpal tunnel syndrome, arthritis, asthma, and pre-diabetes. Two of the four self-reported global measures of physical and mental health also worsened significantly. Several health measures (8) did not meet our dual criteria for change, and are thus considered stable.

Focusing on IUN, this comparison of survey results from 2013 to 2019 demonstrates positive movement toward a culture of health through improved perceptions of organizational support, greater access to resources and programs, and substantial progress in stress management. While preventive healthcare utilization remains strong, lifestyle influences on health demonstrate persistent challenges to employees. Among measures of health and illness, significant improvements in some rates were observed at IUN, distinct from the IU-wide findings. The high rate of engagement IUN employees report having with *Healthy IU* is a strength that provides an avenue for continued progress toward health at IUN.



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A team within the **IU Richard M. Fairbanks School of Public Health at IUPUI** designs, conducts, and analyzes the IU Workplace Health & Wellness Survey on behalf of Healthy IU.

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